

CLAIMS ONLY						Application Number 16/827065	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	1	Indep	Depend	Indep	Depend	Indep						
2							51					
3							52					
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45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
Total Indep							100					
Total Depend							Total Indep					
Total Claims							Total Depend					
							Total Claims					